

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005701

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 72Primary Registration District No. 3013Registrar's No. 34

FILED FEB 18 1963

VS 300
Rev. 4/59

6004

6008

3

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9008

10 45

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13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>North Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>N.K.C. Mem. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>5620 N. Wilam Blvd.</u>	
3. NAME OF DECEASED (Type or print) First <u>ESTES</u> Middle <u>E.</u> Last <u>ELLIOTT</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>9</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-19-1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Eng.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>H. Remenworth, Co.</u>	
11. BIRTHPLACE (City and state or country) <u>Centralia, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ernest E. Elliott</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Estes</u>	
14. NAME OF HUSBAND OR WIFE <u>Beryl Elliott</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Beryl Elliott 5620 N. Wilam Blvd.</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute to Pulmonary</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pneumothorax</u> DUE TO (c) <u>Fracture of rib</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 h</u> <u>24 hrs</u> <u>1 week</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Spontaneous pneumothorax</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fell down steps</u>	
20c. TIME OF INJURY Hour <u>11</u> a.m. <u>2-2</u> p.m. Month, Day, Year <u>2-2-63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>5800 State Line</u>		20f. CITY, TOWN, OR LOCATION <u>Mission Hills</u>	
20g. COUNTY <u>Johnson</u>		20h. STATE <u>Kans</u>	
21. I attended the deceased from <u>8-1-60</u> to <u>2-9-63</u> and last saw him alive on <u>2-9-63</u> Death occurred at <u>2:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Robert H. Hudgens M.D.</u>	
22b. ADDRESS <u>329 Armon NW 1/4 Sec 16</u>		22c. DATE SIGNED <u>2-11-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-11-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Mem. Ld.</u>	
23d. LOCATION (City, town, or county) <u>Glostone, Mo.</u>		23e. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>	
24. FUNERAL DIRECTOR <u>W. W. Newcomer Inc 1331 Broadway Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>2-11-63</u>	
26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>		27. DATE <u>2-11-63</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Wm R. Hodge

MAR 14 1963

FEB 18 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *John T. Kemick*
Licensed Embalmer No. 4848
P. O. Address R. C. 17, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.